



19106 Des Moines Memorial Dr. S.
SeaTac, Wa 98148
1-800-630harp



AUTOHARP ANGELS -- APPLICATION

Your Name: _____

Address: _____

Email Address: _____

Preferred Telephone: _____

Describe your experience with the autoharp:

Why do you want to learn to play an autoharp? _____

What are the circumstances that prevent you from purchasing your own instrument?

Date of Application: _____